

WORKFORCE DEVELOPMENT

Attachment 13: WIOA Youth Eligibility Checklist

	Applicant Name:					
	Application Date:					
	Completed By:					
		WIO	A YOUTH			
GENERAL ELIGIBILITY CRITERIA (Verify each criterion unless specified otherwise)		ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criterion is required)				
SCHOOL STATUS			Applicable records from an education institution (High School Equivalency certificate, diploma, attendance records, transcripts, report card, or school documentation) Signed Intake Application or Enrollment (Registration) Form Electronic Records, State Management Information System (MIS) Cross-Match with Post-secondary Education Database Copy of Educational Institution Enrollment Record Self-Attestation			
Note: particip	The following age ranges apply to youth pants: In-School Youth (ISY): 14 years and 0 days through 21 years and 364 days. Out-of-School Youth (OSY): 16 years and 0 days through 24 years and 364 days.		Baptismal Record (If Date of Birth is Shown) Birth Certificate DD-214 Form (Report of Transfer or Discharge) Driver's License Federal, State, or Local Issued Identification Card Hospital Record of Birth (If Full Name is shown) Passport Public Assistance/Social Service Records School Records/Identification Card Work Permit Family Bible			

WIOA YOUTH					
AUTHORIZATION TO WORK	☐ One Verification Source from <u>List A</u> of the I-9 Form OR				
U.S. citizens, born or naturalized, are always authorized to work in the United States, while foreign citizens may also be authorized if they have an immigration status that allows them to work.	One Verification Source from List B of the I-9 Form AND □ One Verification Source from List C of the I-9 Form				
SELECTIVE SERVICE REGISTRANT	☐ Acknowledgement Letter				
Note: Each male registrant 18 years of age or older born on or after January 1, 1960, must present evidence that he has complied with Section 3 of the Military Selective Service Act. Each male who turns 18 years of age during the WIOA participation must also submit evidence that he has complied with the requirements of the Military Selective Service Act.	 □ Form DD-214¹ □ Screen printout of the Selective Service Verification Internet site □ Selective Service Status Information Letter² □ Selective Service Registration Card □ Selective Service Registration Record (Form 3A) □ Selective Service Verification Form □ Stamped Post Office Receipt of Registration □ Electronic Records 				
ECONOMIC ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION (Only one document from this column per applicable eligibility criterion is required)				
FAMILY SIZE/INDIVIDUAL STATUS	□ Lease				
Note: In addition to documentation of family size, additional documentation may be required to establish that the family is living in a single residence. Persons ordinarily included in the definition of family, but claiming to be no longer dependent, must attest to their individual status. The head of household in which that person resides, if possible, should corroborate such statement. Individual must also show source of support.	 □ Birth/Baptismal Certificates or Church/Hospital □ Records of Birth □ Decree of Court □ Divorce Decree □ Alien Registration Cards □ Landlord Statement □ Marriage Certificate □ Medical Card □ Public Assistance/Social Service Agency Records □ Written Statement from a 24-Hour Care Facility or Institution (e.g., Mental Institution or Prison) □ Most Recent Tax Return Supported by IRS Documents (e.g., form Letter 1722) □ Self-Attestation 				

¹ Men who separate from active military duty for any reason before they turn age 26 must register for Selective Service. See "Who Must Register" chart at www.sss.gov/must.htm for specific military-related requirements.

 $^{^2}$ Since January 1995, the Selective Service System has been issuing "status information letters" in lieu of previous system of "advisory opinion letter."

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Note: Documentation should be provided for each applicable inclusive income source received by the applicant and each family member for the six-month income period immediately preceding the determination date. It is necessary to verify family size when utilizing family income eligibility. An applicant who claims little or no income must submit a statement that little or no income was received during the past six months, that they were not employed for that period, and how they were supported.	□ Award Letter from Veterans Administration □ Bank Statements (Direct Deposit) □ Compensation Award Letter □ Court Award Letter □ Employer Statement/Contact □ Family or Business Financial Records □ Housing Authority Verification □ Pay Stubs □ Pension Statement □ Public Assistance Eligibility Verification □ Self-Attestation □ Quarterly Estimated Tax for Self-Employed Persons (Schedule C) Social Security Benefits Records □ Unemployment Insurance Claim Documents and/or Printout □ Copy of Authorization to Receive Cash Public Assistance □ Copy of Public Assistance Check □ Cross-Match with Refugee Assistance Records □ Cross-Match with Public Assistance Records	
CASH PUBLIC ASSISTANCE Note: The documentation listed must show that the applicant receives cash payments under a federal, state, or local income-based public assistance program.	 □ Cross-Match with UI Wage Records □ Copy of Authorization to Receive Cash Public Assistance □ Copy of Public Assistance Check □ Medical Card Showing Cash Grant Status □ Public Assistance Eligibility Verification Records/Printout □ Cross-Match with Refugee Assistance Records/Printout □ Signed Statement from Health and Welfare □ Cross-Match with Public Assistance Records (Bridges or MiBridges) □ Cross-Match with State MIS Database 	
Note: The documentation listed must show that the applicant receives (or has been determined within the 6-month period prior to application for the program involved) to be eligible to receive food stamps pursuant to the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).	 □ Public Assistance Verification from applicable Social Service Agency (Bridges or MiBridges) □ Written Confirmation from Social Services Agency □ Authorization/Documentation to Receive Food Stamps or SNAP □ Letter or Email from Social Worker/Case Worker □ Benefit Receipt Verification from applicable Social Service Agency □ Self-Attestation 	

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BARRIER ELIGIBILITY CRITERIA	ACCEPTABLE DOCUMENTATION (Only one document from this column per applicable eligibility criterion is required)				
IN FOSTER CARE/HAS AGED OUT OF FOSTER CARE/HAS ATTAINED 16 YEARS OF AGE AND LEFT FOSTER CARE FOR KINSHIP GUARDIANSHIP OR ADOPTION/CHILD ELIGIBLE FOR ASSISTANCE UNDER SECTION 477 OF THE SOCIAL SECURITY ACT (42 USC 677), OR IN AN OUT-OF-HOME PLACEMENT.	 □ Written Confirmation from Social Services Agency □ Case Notes □ Self-Attestation □ Foster Care Agency Referral Transmittal □ Signed Intake Application or Enrollment (Registration) Form □ Needs Assessment □ Signed Individual Service Strategy 				
INDIVIDUAL WITH DISABILITY Note: Disability status as well as income must be verified. An individual with a disability shall be considered a family of one for eligibility purposes. *A School 504 Record is a formal plan for how a school (K12) will provide supports and remove barriers for a student with a documented physical and/or mental impairment who is limited by one or more major life activity. (An IEP is acceptable source documentation)	 □ *School 504 Records Provided by Student Please note: The Individual Education Plan is acceptable source documentation. □ Assessment Test Results □ Self-Attestation 				
BASIC SKILLS DEFICIENT	 □ Case Notes, Including Documentation of Locally Defined WIOA Youth Category of "a youth who is unable to compute or solve problems, or read or write, or speak English at a level necessary to function on the job, in the individual's family, or in society". (20 CFR 681.290) □ Assessment Test Results □ Applicable Records from Education Institution (transcripts, academic assessments, or other school documentation) 				
ENGLISH LANGUAGE LEARNER An eligible individual who has limited ability in reading, writing, speaking, or comprehending the English language, and – (A) Whose native language is a language other than English, or (B) Lives in a family or community environment where a language other than English is the dominant language.	 □ Case Notes □ Assessment Test Results □ Applicable Records from Education Institution (transcripts, or other school documentation) □ Signed Intake Application or Enrollment (Registration) Form □ Signed Individual Service Strategy □ Self-Attestation 				

	WIO	A YOUTH
HOMELESS OR RUNAWAY		Self-Attestation
		Written statement or Referral Transmittal from a Shelter or
		Social Service Agency
		Signed Intake or Application or Enrollment (Registration)
	_	Form
		Needs Assessment
		Case Notes
		Signed Individual Service Strategy
	<u> </u>	A letter from caseworker or support provider
OFFENDER		Documentation from Juvenile or Adult Criminal Justice System
		Written Statement or Referral Document from a Court or Probation Officer
		Referral Transmittal from a Reintegration Agency
		Case Notes
		Needs Assessment
		Signed Individual Service Strategy
		Federal Bonding Program Application
		Signed Intake Application or Enrollment (Registration) Form
		Self-Attestation
PREGNANT OR PARENTING		Case Notes
*Pregnancy may only be recorded for the mother.		Self-Attestation
		Needs Assessment
		WIC Eligibility Verification
		TANF Single Parent Eligibility Verification
		Signed Intake Application or Enrollment (Registration) Form
		Signed Individual Service Strategy
SCHOOL DROP-OUT		Letter/documentation from the school stating the youth has dropped out
	\parallel_{\Box}	School Attendance Record
		Self-Attestation
WITHIN THE AGE OF COMPULSORY ATTENDANCE AND HAS NOT ATTENDED		Cross-Match with Post-secondary Education Database
		Copy of Educational Institution Enrollment Record
PREVIOUS CALENDAR QUARTER		Applicable Records from Education Institution (High School
		Equivalency certificate, diploma, attendance record,
	_	transcripts, report card, or school documentation)
		Signed Intake Application or Enrollment (Registration) Form
		Electronic Records
		Self-Attestation

	WIOA YOUTH		
REQUIRES ADDITIONAL ASSISTANCE TO COMPLETE AN EDUCATIONAL PROGRAM OR TO SECURE OR HOLD EMPLOYMENT		Signed Individual Service Strategy Case Notes Signed Intake Application or Enrollment (Registration) Form	
Note: This barrier is for low-income individuals who meet the locally defined definition of Requires Additional Assistance. The sole usage of this barrier is limited to five (5) percent usage for the ISY population over the course of a Program Year.		Needs Assessment Self-Attestation	